2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # F02000001543 1. Entity Name 04-22-2004 90079 015 ***150.00 **ENVOY CORPORATION** Principal Place of Business Mailing Address 26 CENTURY BLVD 26 CENTURY BLVD **STE 601** STE 601 NASHVILLE TN 37214 NASHVILLE TN 37214 2. Principal Place of Business 3. Mailing Address. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 58-2573488 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD Delete TITLE President **X** Addition APKER, THOMAS A Tony Holcombe NAME NAME STREET ADDRESS 669 RIVER DRIVE, CENTER 2 STREET ADDRESS 26 Century Blod. CITY-ST-ZIP ELMWOOD PARK NJ 07407 CITY-ST-ZIP Nashville, TN 37214 TD ☐ Delete TITLE TITLE D X Change Addition NAME VUOLO, ANTHONY NAME Anthony Vuclo WA River Drive, Center 2 STREET ADDRESS 669 RIVER DRIVE, CENTER 2 STREET ADDRESS CITY-ST-ZIP ELMWOOD PARK NJ 07407 CITY-ST-ZIP Elmwood Pask, NJ 07407 TITLE VSD CFO ☐ Delete TITLE ☐ Change Addition NAME MELE, CHARLES A NAME Andrew Corbin Was River Drive, Center 2 STREET ADDRESS 669 RIVER DRIVE, CENTER 2 STREET ADDRESS CITY-ST-ZIP ELMWOOD PARK NJ 07407 CITY-ST-ZIP Elmwood Park, UJ 07407 TITLE ☐ Delete TITLE 46 ☐ Change X Addition FAILLA, FRANK J JR. NAME RoseAnn Stampe WA RIVER Drive, Certer 2 669 RIVER DRIVE, CENTER 2 STREET ADDRESS STREET ADDRESS ELMWOOD PARK NJ 07407 CITY-ST-ZIP CITY-ST-7IP Elmwood Park NT 07407 TITLE ☐ Delete TITLE ☐ Change ☐ Addition LAYMAN, KIRK G MAME NAME 669 RIVER DRIVE, CENTER 2 STREET ADDRESS STREET ADDRESS ELMWOOD PARK NJ 07407 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE ☐ Addition SAYRE, TIM NAME NAME 669 RIVER DRIVE, CENTER 2 STREET ADDRESS STREET ADDRESS ELMWOOD PARK NJ 07407 CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen with an address, with all other like empowered.

RoseAnn Stampe

(M)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

(201)703-3400